

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

FLORIDA SECURED TRANSACTION REGISTRY

FILED

2013 Jun 03 08:00 AM

***** 201309146975 *****

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON

Claria D. Horn

B. SEND ACKNOWLEDGEMENT TO:

Name Claria D. Horn

Address Frost Brown Todd LLC

Address 250 West Main Street, 28th Floor

City/State/Zip Lexington, KY 40507

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abbreviate or Combine Names

1.a ORGANIZATION'S NAME CCU Management Company LLC				
1.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1.c MAILING ADDRESS Line One c/o Cincinnati Christian University Foundation		This space not available.		
MAILING ADDRESS Line Two 2700 Glenway Avenue		CITY Cincinnati	STATE OH	POSTAL CODE 45204 COUNTRY USA
1.d TAX ID# -	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	1.e TYPE OF ORGANIZATION LLC	1.f JURISDICTION OF ORGANIZATION Florida	1.g ORGANIZATIONAL ID# L11000137943 <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b) – Do Not Abbreviate or Combine Names

2.a ORGANIZATION'S NAME				
2.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2.c MAILING ADDRESS Line One		This space not available.		
MAILING ADDRESS Line Two		CITY	STATE	POSTAL CODE COUNTRY
2.d TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	2.e TYPE OF ORGANIZATION	2.f JURISDICTION OF ORGANIZATION	2.g ORGANIZATIONAL ID# <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY (3a OR 3b)

3.a ORGANIZATION'S NAME Central Bank & Trust Co.				
3.b INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3.c MAILING ADDRESS Line One 300 West Vine Street		This space not available.		
MAILING ADDRESS Line Two		CITY Lexington	STATE KY	POSTAL CODE 40507 COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

All assets of the Debtor, whether now owned or hereafter acquired, and all products and proceeds thereof.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR
	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING	<input type="checkbox"/> SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX☐ All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.☒ Florida Documentary Stamp Tax is not required.**7. OPTIONAL FILER REFERENCE DATA FLORIDA SECRETARY OF STATE**